

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	STABILIZED PHARMACEUTICAL COMPOSITION IN LYOPHILIZED FORM
Attorney Docket Number::	248343US0DIV

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Seiji
Family Name::	SAWAI
City of Residence::	Takarazuka-shi
State or Province of Residence::	Hyogo
Country of Residence::	Japan
Street of Mailing Address::	5-3-104, Yashiro-cho
City of Mailing Address::	Takarazuka-shi
State or Province of Mailing Address::	Hyogo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	665-0071

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Akihiro
Family Name::	KASAI
City of Residence::	Ikoma-shi
State or Province of Residence::	Nara
Country of Residence::	Japan
Street of Mailing Address::	5-1-2-606, Haginodai
City of Mailing Address::	Ikoma-shi
State or Province of Mailing Address::	Nara
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	630-0224

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Kazumi
 Family Name:: OHTOMO
 City of Residence:: Ibaraki-shi
 State or Province of Residence:: Osaka
 Country of Residence:: Japan
 Street of Mailing Address:: 11-3, Funaki-cho
 City of Mailing Address:: Ibaraki-shi
 State or Province of Mailing Address:: Osaka
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 567-0828

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/786,125	03/01/01
09/786,125	National Stage of	PCT/JP00/04381	06/29/00

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
11/187713	Japan	07/01/99	YES

ASSIGNMENT INFORMATION

Assignee Name:: Fujisawa Pharmaceutical Co. Ltd.
 Street of Mailing Address:: 4-7, Doshomachi 3-chome, Chuo-ku
 City of Mailing Address:: Osaka-shi
 State or Province of Mailing Address:: Osaka
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 541-8514